## PATENT APPLICATION FEE DETERMINATION RECORD

Effective January 1, 2003

Application or Docket Number 09/676363

| CLAIMS AS FILED - PART I  (Column 1) (Column 2)   |  |   |                 |  |                             |                                    |              | SMALL ENTITY TYPE   |                        |                | OTHER THAN OR SMALL ENTITY |                        |
|---|--|---|-----------------|--|-----------------------------|------------------------------------|--------------|---------------------|------------------------|----------------|----------------------------|------------------------|
| TOTAL CLAIMS  |  |   | TOOKSHIII       | • /  |                             |                                    |              | RATE                | FEE                    | OR<br>I I      | RATE                       | FEE                    |
| FOR   |  |   | AU IVOCO I      | TI CO  | AULARI                      | ED SYTRA                           |              | BASIC FEE           | 375.00                 |                | BASIC FEE                  | 750.00                 |
|   |  |   | NUMBER FILED    |  | NUMBER EXTRA                |                                    | ŀ            | 12                  | 373.00                 | OR             | BASIC FEE                  | 750.00                 |
| TO  | TAL CHARGEA                                    | BLE CLAIMS                                | min             | us 20=   | •                           |                                    |              | X\$.9=              |                        | OR             | X\$18=                     | ,                      |
| IND   | EPENDENT CL                                    | AIMS                                      | mii             | nus 3 =  |                             |                                    |              | X42=                |                        | or             | X84=                       |                        |
| MU  | LTIPLE DEPEN                                   | DENT CLAIM PF                             | ESENT           |  |                             |                                    |              | +140=               | Tirii ();              | ÷∵<br>OR       | +280=                      |                        |
| * If the difference in column 1 is less than zero, enter "0" in column 2  |  |   |                 |  |                             |                                    | Į            | TOTAL               |                        | OR             | TOTAL                      | : ;; ;;<br>            |
| 3-16 v5 CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)  |  |   |                 |  |                             |                                    |              |                     | ,                      | r <u>.</u><br> | OTHER                      | THAN                   |
| 7   | (Column 1) (Column 2) (Column 3)               |   |                 |  |                             |                                    | SMALL ENTITY |                     |                        | OR             | SMALL                      |                        |
| <b>AMENDMENT A</b>  |  | CLAIMS REMAINING AFTER AMENDMENT          |                 | HIGHEST NUMBER PREVIOUSLY PAID FOR PRESENT EXTRA |                             | PRESENT<br>EXTRA                   |              | RATE                | ADDI-<br>TIONAL<br>FEE | <br>           | RATE                       | ADDI-<br>TIONAL<br>FEE |
|   | Total  | . 47                                      | Minus           | -2   | /                           | 21                                 |              | x\$                 | 025                    | ÖR             | ∴X\$18=                    | 1                      |
|   | Independent                                    | Minus                                     | DEPENDENT C     |  | -                           |                                    | X42=         |                     | OR                     | X84=           |                            |                        |
|   | THOTFILE                                       | MATION OF MIC                             | JETH CE DEI     | LINDLIN  | COAIN                       |                                    | ۱.           | +140=               |                        | OR             | +280=                      |                        |
| 8-30-05 (Column 1) (Column 2) (Column 3)  |  |   |                 |  |                             |                                    |              | TOTAL<br>ADDIT, FEE | 520                    | OR             | TOTAL<br>ADDIT, FEE        | <i>.</i>               |
| _\%   | (Column 1) (Column 2) (Column 3)               |   |                 |  |                             |                                    |              |                     |                        |                |                            |                        |
| AMENDMENT B   |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                 | HIGH<br>NUM<br>PREVI<br>PAID                     | BER<br>OUSLY                | PRESENT<br>EXTRA                   |              | RATE                | ADDI-<br>TIONAL<br>FEE | ,              | RATE                       | ADDI-<br>TIONAL<br>FEE |
|   | Total  | · 12                                      | Minus .         | ** 4   | 7                           | _                                  |              | X\$ 9=              |                        | OR             | .X\$18=                    |                        |
|   | Independent                                    | • /2                                      | Minus           | ***  | 3                           | = 9                                |              | X42=                | 900,00                 | OR             | X84=                       |                        |
|   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |                 |  |                             |                                    |              |                     | / -                    |                |                            | i                      |
|   |  |   |                 |  |                             |                                    |              | +140=               | :<br><i>900.0</i> 0    | OR             | +280=                      |                        |
|   | TOTA<br>ADDIT: FE                              |   |                 |  |                             |                                    |              |                     |                        | OR             | TOTAL<br>ADDIT. FEE        |                        |
| (Column 1) (Column 2) (Column 3)  |  |   |                 |  |                             |                                    |              |                     |                        |                |                            | -:                     |
| AMENDMENT C   |  | CLAIMS : REMAINING AFTER AMENDMENT        |                 | HIGHEST NUMBER PREVIOUSLY PAID FOR               |                             | PRESENT                            |              | . :∺⊹               | ADDI:                  |                | RATE                       | ADDI                   |
|   | Total  | AMENDALENT                                | Minus           | **   | - CA                        | <u>*</u>                           | -            | X\$ 9==             | FEE                    | "·             | X\$18=                     | FEE                    |
|   | Independent                                    | <b>♦</b>                                  | Minus           | ***  |                             | <b>a</b> . · ·                     |              |                     |                        | OR             |                            |                        |
| ▼   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |                 |  |                             |                                    |              | X42=                |                        | OR.            | X84=                       |                        |
|   | +140=  |   |                 |  |                             |                                    |              |                     | OR                     | +280=          | <b>4</b>                   |                        |
| "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  TOTAL ADDIT. FEE  OR  OR |  |   |                 |  |                             |                                    |              |                     |                        |                | TOTAL ADDIT. PEE           | un -Million            |
|   | If the "Highest Nun<br>The "Highest Nun        | nber Previousty Pa                        | ad For (Total o | S SPACE<br>r Independ                            | is less tha<br>lent) is the | in 3, enter "3."<br>highest number | •            | •                   |                        | c in co        |                            |                        |